

**Indiana Department of Health - Tobacco Prevention and Cessation
2023-2025 Request for Applications
Resource Guide**

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Work Plan Resources

Community Indicator	2023-2025 TPC Community Grants
Priority Area: Decrease youth and young adult tobacco use rates	
Middle and High School Comprehensive School Strategy	Increase the proportion of Indiana middle and high schools that support and implement a comprehensive school strategy against all commercial tobacco use.
<i>Youth Empowerment/VOICE - optional</i>	Increase community activism among youth and young adults to support community change that includes youth involved in the VOICE movement.
Point-of-sale	Increase broad-based community support for tobacco point-of-sale strategies at the local level.
Priority Area: Increase proportion of Hoosiers not exposed to secondhand smoke	
<i>Tobacco-Free Health Care Facilities - optional</i>	Increase comprehensive tobacco and vape-free campus policies for health systems such as a mental health center, addiction treatment center, facilities for people with disabilities, behavioral health, or a senior living facility.
Smoke-Free Communities	Increase strong local smoke-free air ordinances for all worksites, including restaurants, bars, membership clubs, and gaming facilities.
Multi-Unit Housing - optional	Increase smoke-free policies in multi-unit housing.
Tobacco-Free Colleges and Universities - optional	Increase the number of college and university campuses* with comprehensive tobacco-free campus policies that includes the usage, sale, marketing, and sampling of all tobacco products including e-cigarettes in indoor and outdoor spaces such as student housing, classroom buildings, and athletic facilities.
Priority Area: Decrease Indiana adult smoking rates	
Quit Now Indiana	Increase engagements with Quit Now Indiana throughout the community.
<i>Employers - optional</i>	Increase the number of employers that provide tobacco cessation benefits and tobacco-free grounds policies.
Priority Area: Protect and maintain a state and local infrastructure necessary to lower tobacco use rates	
Coalition	Build and maintain a tobacco free coalition that represents the community, including marginalized populations.
<i>Tobacco-Free Families -optional</i>	Train organizations serving marginalized populations on the <i>Breathe: Healthy Steps to Living Tobacco Free</i> education program.

Work Plan Resources

Community Indicators	2023-2025 TPC Capacity-Building Grants
Priority Area: Decrease youth and young adult tobacco use rates	
Middle and High School Comprehensive School Strategy	Increase the proportion of Indiana middle and high schools that support and implement a comprehensive school strategy against all commercial tobacco use.
Youth Empowerment/VOICE - <i>optional</i>	Increase community activism among youth and young adults to support community change that includes youth involved in the VOICE movement.
Point-of-sale	Increase broad-based community support for tobacco point-of-sale strategies at the local level.
Priority Area: Increase proportion of Hoosiers not exposed to secondhand smoke	
Smoke-Free Multi-Unit Housing - <i>optional</i>	Increase smoke-free policies in multi-unit housing.
Priority Area: Decrease Indiana adult smoking rates	
Quit Now Indiana	Increase engagements with Quit Now Indiana throughout the community.
Priority Area: Protect and maintain a state and local infrastructure necessary to lower tobacco use rates	
Coalition	Build and maintain a tobacco free coalition that represents the community, including marginalized populations.
Tobacco-Free Families - <i>optional</i>	Train organizations serving marginalized populations on the <i>Breathe: Healthy Steps to Living Tobacco Free</i> education program.

Work Plan Resources

Writing SMARTIE Objectives

SMARTIE OBJECTIVES are statements that describe the results to be achieved and how they will be achieved. For the 2023-2025 grant cycle, TPC requires all work plans to be written with SMARTIE objectives, and strongly encourages coalitions to write SMARTIE objectives (SMART + Inclusive and Equitable) where applicable.

Developing SMARTIE Objectives

- **Specific**
- **Measurable**
- **Attainable**
- **Relevant**
- **Time-bound**
- **Inclusive**
- **Equitable**

Specific-identifies a specific event or action that takes place

- What is expected to change? Where will change occur?

Measurable-quantifies the amount of change to be achieved

- How much change? How does the change compare to baseline?

Attainable-is realistic given available resources and plans for implementation

- With a reasonable amount of effort and application, can the objective be achieved? Are you attempting too much?

Relevant-is logical and relates to program and goals

- Is the objective important or worthwhile to the stakeholders?
- When in doubt, refer to the TPC Priority Areas, Community Indicators, and Contract Deliverables (and [CDC's Best Practices](#)!)

Work Plan Resources

Time-bound-specifies a time by which it will be achieved

- When will change occur? Is there a time limit? When will this objective be accomplished?

Inclusive goals bring marginalized people into the processes, activities, and decisions/policymaking in a way that shares power

- The people most affected by commercial tobacco should be included and given opportunities to influence the work in a meaningful way

Equitable seeks to address systemic injustice, inequity, or oppression

- What inequities currently exist that need to be addressed? How could the objective mitigate the inequity?

Additional guidance on writing SMARTIE objectives:

[Creating SMARTIE Goals & Objectives Worksheet - National Council for Mental Wellbeing \(thenationalcouncil.org\)](https://www.thenationalcouncil.org/resources/creating-smartie-goals-objectives-worksheet)

[SMARTIE Goals Worksheet - The Management Center](https://www.managementcenter.org/resources/smartie-goals-worksheet)

Work Plan Resources

Sample Work Plans

WORK PLAN FORM
Priority Area: Decrease youth and young adult tobacco use rates
Community Indicator: Point-of-Sale
Expected Outcome: Increase broad-based community support for commercial tobacco point-of-sale strategies at the local level.
SMART Objective: Conduct ten presentations to educate stakeholders and community regarding marketing, pricing and flavors (including menthol) of tobacco products by June 30, 2025.
Baseline Measurement: 8 presentations were conducted last grant cycle.
Data source for baseline: Previous grant cycle records
<p>Deliverables</p> <p>Participate in Standardized Tobacco Assessment of Retail Settings (STARS) biennial survey to collect county-level data on tobacco products and point-of-sale advertising in retail establishments.</p> <p>DUE: April 15, 2024</p> <p>Conduct youth and adult-focused educational activities on how tobacco products are priced and marketed to target teens and marginalized populations at the point-of-sale. Include results of local tobacco retailer assessments from the STARS biennial survey.</p> <p>DUE: QUARTERLY</p> <p>Conduct Community Education event to disseminate results of local tobacco retailer assessments from STARS biennial survey. Include information about flavored tobacco products, including menthol, and their impact on youth and our most marginalized communities. Can use as opportunity to partner with other community programs concerned about POS for other reasons i.e. food insecurity.</p> <p>Reference: Community Education toolkit</p> <p>DUE: Once per grant cycle</p>
<p>Describe in one or two sentences the coalition’s vision to meet deliverables for 2023-2025:</p> <ul style="list-style-type: none"> The coalition will work collaboratively to actively plan and participate in the completion of the STARS survey and respective community education efforts regarding point-of-sale tobacco marketing, utilizing coalition members’ strengths to accomplish the identified objective and contract deliverables.
<p>List key partners/organizations/stakeholders involved in this work plan:</p> <ul style="list-style-type: none"> Tobacco Control Coordinator

Work Plan Resources

- Coalition members
- Youth Coordinator
- Lead Agency Staff
- Local youth
- Local college students

Please outline specific activities beyond the vision provided to meet the deliverables (minimum 5/maximum 10 activities outlined).

- Research and recruit new partners from an organization or program different from our coalition to train and participate in the Standardized Tobacco Assessment of Retail Settings survey.
- Train/retrain coalition members willing to participate in the store audits.
- Identify VOICE youth, parents, and school staff to participate in surveying local retail establishments.
- Recruit 10 volunteers to conduct the STARS surveys.
- Hold informational sessions at public places such as libraries or virtually about the findings of point-of-sale marketing targeting youth and marginalized populations.
- Publish articles about point-of-sale advertising and other tobacco products in school newsletters, local radio, newspaper, and community websites using communication plans with schools.
- Meet with potential panel members and train them on point-of-sale strategies, other tobacco products, and data collected.

Work Plan Resources

WORK PLAN FORM
Priority Area: Decrease Indiana adult smoking rates
Community Indicator: Quit Now Indiana
Expected Outcome: Increase engagements with Quit Now Indiana throughout the community.
SMART Objective: Eight new behavioral health providers will send a minimum of 5 referrals quarterly to the Quitline by June 30, 2025.
Baseline Measurement: There are currently 217 providers in our outreach database, and 29 of them are in the behavioral health field. Of these providers, 15 are currently making 2 referrals per quarter.
Data source for baseline: QNI Outreach Tracking Database
<p>Deliverables</p> <p>Conduct ongoing outreach with healthcare providers and organizations, including those that serve marginalized populations, to develop relationships, provide training, and assist with implementing Quit Now Indiana referrals. For example:</p> <ul style="list-style-type: none"> ○ Identify priority health providers and build a relationship with contacts. ○ Train providers on how to make referrals (Ask, Advise, Refer,) ○ Review internal processes and suggest changes to include QNI referrals. <p>DUE: MONTHLY</p> <p>Track and report referrals by providers and organizations and user volume by county.</p> <p>DUE: MONTHLY</p> <p>Promote and distribute Quit Now Indiana resources and materials.</p> <p>DUE: QUARTERLY</p>
<p>Describe in one or two sentences the coalition’s vision to meet deliverables for 2023-2025:</p> <ul style="list-style-type: none"> • The coalition will strive to increase promotion of Quit Now Indiana to our community and utilize existing and new partnerships to reach underrepresented healthcare professionals in the behavioral, mental health, and addiction sectors. Through promotion, education, and consistent outreach and communication, we plan to increase usage of Quit Now Indiana services in our county.
<p>List key partners/organizations/stakeholders involved in this work plan:</p> <ul style="list-style-type: none"> • Tobacco Control Coordinator • Coalition members

Work Plan Resources

- Youth Coordinator
- Lead Agency Staff
- Local rehabilitation centers
- Local addiction centers
- Mental/Behavioral Health facilities
- Local hospital
- New and existing healthcare providers

Please outline specific activities beyond the vision provided to meet the deliverables (minimum 5/maximum 10 activities outlined).

- Conduct ongoing outreach to providers not currently referring. Provide QNI resource materials, additional training, resources on CDC Best Practices for Comprehensive Tobacco Control, and follow up to encourage QNI referrals. Discuss integrating/adding an Ask, Advise, Refer policy into intake/assessment forms with any new providers and follow up with providers actively referring
- Encourage health care providers to adopt policies to support patient cessation at each patient encounter using the CDC Best Practices. Assist providers with resources to adapt the Ask, Advise, Refer policy. Continually provide Quitline Dashboard reports to appropriate stakeholders.
- Provide outreach, education, materials, and trainings to raise awareness of Quit Now Indiana cessation services to organizations that serve marginalized clients with a special emphasis on reaching organizations that provide outreach to the LGBTQ+ community, Veterans, those who are low-income and or homeless, and those who are on Medicaid, underinsured, and uninsured. Provide cessation quit kits to agencies to promote cessation among their clients.
- Track monthly outreach to providers and update the QNI outreach tracking database with outreach information such as information shared, questions, and other updates included in outreach. Track and monitor the monthly ITQL referral reports and document referrals received by providers into a QNI outreach tracking database.

Work Plan Resources

WORK PLAN FORM
Priority Area: Protect and maintain a state and local infrastructure necessary to lower tobacco use rates
Community Indicator: Coalition
Expected Outcome: Build and maintain a tobacco free coalition that represents the community, including marginalized populations.
SMART Objective: Increase active participation in the coalition (attending monthly meetings and engagement in coalition activities) by adding at least five new members by June 30, 2025, focusing on recruiting members from the following sectors of the community: business, education, and faith-based.
Baseline Measurement: There are currently 15 members on the coalition from 21 different organizations.
Data source for baseline: Coalition attendance records
<p>Deliverables</p> <p>Conduct ongoing coalition development and maintenance activities to involve participation from all sectors of the community. (Reference the Recommended Coalition Maintenance Activities)</p> <p>DUE: MONTHLY</p> <p>Complete at least one earned media submission (letter to the editor, op-ed, or news release, newsletter, story pitch, or interview) to a local media outlet (traditional or nontraditional).</p> <p>DUE: MONTHLY</p> <p>Educate state and local policy makers about your program and tobacco control, and the burden of tobacco use on Indiana.</p> <p>DUE: QUARTERLY</p> <p>Conduct relational conversations each quarter with an organization, an individual, or stakeholder, and identify a contact person for coalition recruitment.</p> <p>DUE: QUARTERLY</p> <p>Engage and work in partnership with organizations serving marginalized populations to ensure activities are co-created and welcomed by the community. Example activities include: Join other community-based organization meetings that serve the needs of marginalized populations. Partner with a local event focused on serving marginalized populations.</p>

Work Plan Resources

Subcontract with an organization serving marginalized populations to conduct activities related to the work plan.

DUE: QUARTERLY

Conduct ongoing assessment of coalition recruitment and development and authentic engagement with marginalized populations. Work with TPC and Regional Director to develop a growth plan. (Reference Coalition Assessment document)

DUE: Annually

Send a letter of thanks to state policy makers for your community grant funding and goals for year one; send a letter of thanks to state policy makers outlining the coalition's accomplishments from year one and goals for year two.

DUE: SEPTEMBER 30, 2023; SEPTEMBER 30, 2024

Provide training to coalition members on health equity and social justice in commercial tobacco control issues.

DUE: ANNUALLY

Conduct at least one presentation or meeting per year with the board or administrators of the lead agency to educate on evidence-based tobacco control practices, as well as coalition accomplishments and goals.

DUE: ANNUALLY

Celebrate coalition successes. Recognize coalition members for their hard work and accomplishments.

DUE: ANNUALLY

Describe in one or two sentences the coalition's vision to meet deliverables for 2023-2025:

- The coalition will leverage its networks to reach and recruit new members from diverse sectors of the community, including marginalized groups, and strive to build authentic and reciprocal partnerships.

List key partners/organizations/stakeholders involved in this work plan:

- Tobacco Control
- Coalition members
- Youth Coordinator
- Lead Agency Staff
- Health Department

Work Plan Resources

- Chamber of Commerce

Please outline specific activities beyond the vision provided to meet the deliverables (minimum 5/maximum 10 activities outlined)

- Set up individual meetings with current active coalition members to assess current involvement, status, and satisfaction of the coalition to help with retention.
- Complete the coalition assessment document. Work with Regional Director to set recruitment goals, develop action steps to identify, recruit and retain coalition members.
- Review and update sectors of the community currently missing from the coalition. Identify needed training for current and new members.
- Utilize working committees to plan and implement work plan activities (cessation, policy and prevention).
- Network with local radio, television, and newspaper sources to build relationships and educate them on local, state and federal commercial tobacco control efforts.
- Participate in other community group meetings to network and provide presentations about the coalition to businesses, service clubs, youth serving organizations and other community organizations.

Communication Resources

Recommended Communication Outreach Frequency and Topic Suggestions

- Letter to the editor (LTE) or Op-Ed submissions: At least once per month (refer below to recommended topics and timing)
 - TPC provides at least one LTE sample per month for partners to distribute
- Social media postings: At least once per week, per registered social media channel (Facebook, Twitter, Instagram)
 - TPC provides social media topics and some draft postings
- Guest article in local/business/company newsletter (online or print), blog, newspaper: At least 2 times per year
 - Reach out to coalition member networks and see what local media distributions exist
 - TPC can assist with brainstorming and drafting guest article submissions

Middle and High School Prevention, Youth Empowerment/VOICE and Point of Sale Indicators:

- Topics
 - General point of sale/retail environment
 - Youth targeting (price, flavor, marketing)
 - Other tobacco products (chew/spit tobacco, e-cigarettes, hookah, little cigars, etc.)
 - Importance of comprehensive tobacco-free campuses, including e-cigarettes
 - Best practices for schools for how to address timely issues
 - Restorative measures for enforcement
 - Vape Free Indiana – Vape Free Schools toolkit, additional resources for parents, teachers, and healthcare providers
- Ideal LTE distribution times (2 LTEs per year)
 - Back to school season (end of July to September)
 - Halloween (flavored products)
- Social media accounts to follow:
 - Counter Tobacco, Counter Tools, VOICE, Campaign for Tobacco Free Kids, Truth Initiative, FDA The Real Cost, Fresh Empire, American Academy of Pediatrics

Smoke-Free Communities Indicator:

- Topics
 - Dangers of secondhand smoke
 - Benefits of comprehensive smoke-free air laws/local authority
 - Worker protection
 - Economic impact of secondhand smoke/Business leader perspective
- Ideal LTE distribution times (At least 3 LTEs per year; more if working on local campaign)
 - Before and during any local campaign work
- Social media accounts to follow:
 - Americans for Nonsmokers Rights, Tobacco Free Indiana

Multi-Unit Housing Indicator:

- Topics
 - Benefits of smoke-free MUH (resident health, economical for property owners)
 - Legality of smoke-free MUH
- At least 1 LTE per year
- Social media accounts to follow:
 - Smoke-Free Housing Indiana, Americans for Nonsmokers Rights

Communication Resources

Quit Now Indiana Indicator:

- Topics
 - Cessation
 - Health observances (i.e. American Heart Month, Lung Cancer Awareness Month, Great American Smokeout)
 - “Talk to your doctor”
 - Quit Now Indiana services (Phone counseling, online counseling, Individual Services)
- Ideal LTE distribution
 - During health observances
 - At least 3 LTEs per year
- Social media accounts to follow
 - CDC Tobacco Free, American Lung Association, American Heart Association, American Cancer Society, American Medical Association

Employers Indicator:

- Topics
 - Tobacco-free workplaces/employee health
 - Tobacco use costs for employers
 - Employer provided tobacco cessation benefits
- Ideal LTE distribution (At least 1 LTE per year)
 - Open enrollment (October to November)

Coalition Indicator:

- Topics:
 - Medicaid tobacco use rates/Quit Now Indiana services
 - Mental health population tobacco use rates/cessation benefits
 - LGBTQ+ tobacco use rates/cessation benefits
 - Women of child-bearing age/pregnant women tobacco use rates/Quit Now Indiana services
- At least 2 LTEs per year
- Social media accounts to follow:
 - Indy Pride Inc., National LGBT Cancer Network, Indiana Latino Institute, Latino Health Organization, Indiana Black Expo, SAMHSA, Smoking Cessation Leadership Center (SCLC)

Tobacco-Free Families Indicator:

- Topics:
 - Protecting children from secondhand smoke
 - Tobacco-free homes and cars
- 1 LTE per year
- Social Media Accounts to follow:
 - Campaign for Tobacco Free Kids
 - Breathe: Healthy Steps to Living Tobacco Free group on Facebook

Coalition Resources

Recommended Coalition Maintenance Activities

1. Develop leadership structure and decision-making processes (bylaws) within the coalition.
2. Schedule meetings at a regular time and place each month.
3. Send coalition meeting notices and reminders in advance of the meeting each month.
4. Share coalition meeting details (location, time) on coalition social media channels. Create Facebook events for upcoming coalition meetings.
5. Prepare agendas and record minutes for each coalition meeting. Share minutes with members within one week of meeting.
6. Ensure each meeting results in action items for coalition members to complete.
7. Provide training to the coalition on topics relevant to the workplan and evidence-based commercial tobacco control practices. (Reference CDC Best Practices.) This can include sharing news items, fact sheets, or other relevant pieces at each meeting that help educate the coalition on various aspects of commercial tobacco control.
8. Share the workplan with the coalition, discuss progress, and ask for their input and assistance on deliverables that interest them. Share budget with coalition and practice participatory budgeting.
9. Survey any new members to determine interests, skills and possible networks for outreach.
10. Develop a coalition brochure or other coalition recruitment tool for prospective coalition members and partners.
11. Develop a coalition newsletter and distribute among appropriate communication channels. Newsletters can include recent coalition activity, current events in commercial tobacco control, goals for the year, guest article submissions, coalition member highlights, etc.

Coalition Resources

Steps to Coalition Building

1. Identify the core group of commercial tobacco control champions in your community. These are the people who are known to be passionate and committed to commercial tobacco control and put aside their own agendas for the greater good.
2. Including non-traditional partners will help make your planning effort more representative as well as enlarge your base of support. Non-traditional partners will vary with each community and may include youth, seniors, business leaders, people from different neighborhoods and population groups, and religious leaders.
3. Ask each person/group what they think they can bring to the effort – that is, what skill, perspectives, and resources they have to contribute. Learn how they want to be involved and how they will not/cannot be involved
4. Develop leadership structure and decision-making processes (bylaws) within the coalition.

Coalition Resources

Increasing the Diversity of Your Tobacco Control Team

Who *else* will help to make your planning efforts more representative of your community? Consider including people and organizations that you may not usually include in your planning efforts and programs. Including others will help to enlarge your base of support and bring additional resources to your tobacco control efforts. Use this chart to help you identify additional people and organizations and what each has to offer to your community's tobacco control efforts.

	Person's Name and Organization	What they have to offer to the tobacco control efforts
Youth-led groups		
Youth Advocacy Organizations (ie: PTOs, PTAs, Boys Clubs, Girls Clubs, faith-based youth groups)		
Ethnic Specific Community Groups		
Seniors		
Business leaders		
Faith-Based leaders		
Environmental groups		
Drug prevention organizations		
Survivor support groups		

Coalition Resources

	Person's Name and Organization	What they have to offer to the tobacco control efforts
Labor/employee unions		
Restaurant owners		
Neighborhood associations		
Hospitals that serve the area		
Local health departments		
County nursing services		
Local medical associations		
Local dental associations		
Other health care professionals		
Law enforcement		
Schools (Public and/or Private) including colleges and universities		
Media		

Coalition Resources

Coalition Resources		
	Person's Name and Organization	What they have to offer to the tobacco control efforts
Parent groups		
People who formerly used commercial tobacco products		
Others		

Coalition Resources

Relational Conversation Guide

Purpose of the Meeting:

Build and expand relationships with potential partners in the community, explore mutual interests, connect with the person's "why"

How to Set a Relational Conversation Meeting:

Contact the potential partner and request at least a 30-minute meeting. At the time the meeting is being scheduled, provide the individual(s) with the following information:

- Your title and role with your coalition and/or your agency.
- Give a brief description of what your coalition does. Perhaps provide a coalition brochure. Make it clear you are not selling anything, and you are interested in their thoughts and ideas.
- Explain that the coalition sees the individual(s) and/or their organization as a potential partner, and you would like to explore mutual interests and opportunities for collaboration.
- Tell the contact that the conversation may take approximately 20-30 minutes, but you are flexible to their schedule.
- Offer to meet them at a time and location that is convenient for them. For example, you could come meet them at their workplace or over coffee or lunch.
- Ask if they have any questions at this time.

Planning for the Conversation:

- Bring your coalition brochure and/or business card.
- Research the individual(s) and their organization. Talk to coalition members who may know them, review the organization website, and search their social media pages to learn more about what interests them.
- Utilize the list of suggested questions below to think through what you want to talk about but let the other person's interests guide the conversation. It's not suggested to bring this list with you. Instead, familiarize yourself with the list and approach the conversation more organically.
- During the meeting, strive to listen 70% of the time, talk 30% of the time. Ask follow-up questions that allow the person to explain more and look for shared values and priorities that could form the basis for a professional relationship. Remember, the point is to get to know them and their "why" and to build the relationship, not necessarily to get them to do anything yet.
- Make a few notes after the meeting of any compelling stories, ideas, or follow-up items.
- Follow up with an email the next day to thank them for the conversation and ask them to connect you with other possible contacts if they haven't yet.

Coalition Resources

- 1. Start with some brief conversation to get to know each other and establish a personal connection.** *Eg: Tell me the story of how you became a ___. What path brought you to live/work in this community? What's the main thing you're up to in your organization? Maybe briefly share what brought you to this community/work, if that seems like it will help them open up to you.*
- 2. What are you interested in when it comes to the problem of commercial tobacco and vaping in our community? What are your concerns on this topic? Why?**
- 3. How does commercial tobacco and vaping use impact you, your organization, and the people you serve?** *Possible follow-up question: You seem angry/passionate/convicted about that. Where did that come from?*
- 4. What are your personal experiences with commercial tobacco or tobacco control?**
- 5. What are you and your organizations priorities? How do you see those intersecting with the coalition's goals?** *You could briefly describe some of the coalition's goals that you think intersect with their goals and what opportunities you see for collaboration, then ask for their thoughts and reaction.*
- 6. What are some ways our coalition could assist you and your organization?**
- 7. Are you interested in partnering with our coalition? If so, how?** *Feel free to list out some specific actions the coalition has identified as needing support and ask if any of those might be a fit for them or someone they know. If they can't commit to anything immediately, find a way to keep the door open for further exploration at a later time.*
- 8. Do you know anyone else who might be interested in participating in the coalition? If so, can you connect me with them?**
- 9. Do you have any questions or suggestions for me?**
- 10. What items do you need me to send you in follow up? What are our next steps as a result of this meeting?** *Set a specific date and time for follow-up and specify who will do each follow-up item.*

Coalition Resources

Fundamentals for Strong Smoke-free Air Policies

The Indiana Model Smoke-free Ordinance is adapted from the Americans for Nonsmokers' Rights Model Ordinance which has developed over 40 years in consultation with legal and policy subject matter experts such as Public Health Law Center, examining the latest research and incorporating relevant case-studies from the field. It is updated on a regular basis with the most recent version updated in 2022.

The model ordinance is intended to be as comprehensive as possible, to provide the greatest protection possible to persons who do not smoke. The only way to ensure everyone is protected, no matter where they work, is by implementing laws that are strong, simple, and fair and that apply to 100 percent of indoor workplaces including bars, restaurants, and casinos.

ANR also provides additional model policies including but not limited to multi-unit housing, colleges and universities, and workplaces.

Coalition Resources

Sample Job Descriptions

TPC Local Youth Coordinator (VOICE Adult Ally):

Will be responsible for working ___ per week in the community, available to travel in-county and to other locations in the state several times per year for statewide training and meetings

Will be responsible for overseeing the execution of activities for Priority Area 1 (Decrease Youth and Young Adult Tobacco Use Rates) and required deliverables for the following Indicators as well as collaborate on other areas of work plan, as applicable:

1. Middle and High School Comprehensive School Strategy
2. Youth Empowerment/VOICE
3. Point-of-Sale

Responsibilities

- Managing and convening county-wide VOICE Core Leadership Team.
- Youth coordinator will submit periodic electronic reports as required and respond to local and state needs for information as directed by the TPC Youth Program Director.
- Youth coordinator will be responsible for recruiting public schools selected to conduct the Youth Tobacco Survey in Fall 2024.
- Youth coordinator will recruit and organize a diverse group of individuals and organizational representatives of youth related organizations from the community.
- The coordinator will support the coalition to strategize action to reduce youth commercial tobacco use in the county through policy and programs.
- Expand reach by participating in local/regional/state community events, conferences and/or fairs within assigned geographic areas to promote VOICE programs, campaigns/initiatives, and services.
- Youth coordinator will commit to support youth engagement strategies and study CDC's Best Practices model in commercial tobacco control. The Youth coordinator will use proven, evidence-based actions to reduce commercial tobacco use and exposure to secondhand smoke, and to prevent commercial tobacco use in the community.
- Youth coordinator will accept training and technical assistance and fully participate in the local and statewide youth empowerment program and initiatives.
- Physical lifting may be required for materials or AV equipment.

The ideal candidate should have:

- Leadership skills especially in the area of youth engagement
- Community organizing skills; experience recruiting and organizing volunteers
- Marketing and networking skills; experience with developing community relationships
- Familiarity with social media and online meeting platforms
- An understanding of public health principles and best practices
- The ability to work independently
- Excellent written and oral communication, including public speaking skills
- Passion for the youth empowerment model
- Passion for the pursuit of health equity for all

Coalition Resources

TPC Local Program Coordinator:

- Will be responsible for working ___ per week in the community, available to travel in-county and to other locations in the state several times per year for training or meetings (see Lead Agency Profile Form).
- Coordinator will submit periodic electronic reports as required and respond to local and state needs for information as directed.
- Coordinator will be responsible for recruiting public schools selected to conduct the Youth Tobacco Survey Fall 2024 and assist in proctoring.
- Media responsibilities include developing partnerships with local news venues and providing accurate local, state, national and international information on tobacco control to the news media as is necessary for education of the public on tobacco issues.
- Coordinator will recruit and organize both individuals and organizational representatives from the community to form a coalition representing diverse interests and backgrounds.
- The coordinator will lead the coalition to strategize action to reduce commercial tobacco use in the county through policy and programs.
- Coordinator will fully engage community and coalition members, including specific task force groups, in the business of commercial tobacco control. For this purpose, coordinator is an excellent written and oral communicator. The coordinator will be able to work with healthcare providers, businesses, and other organizations to educate them about evidence-based commercial tobacco control practices, assist them with policy development and implementation, and collaborate with them to increase referral and acceptance rates to the Indiana Tobacco Quitline.
- Coordinator will commit to study CDC's Best Practices models in commercial tobacco control. Coordinator will use proven, evidence-based actions to reduce commercial tobacco use and exposure to secondhand smoke, and to prevent commercial tobacco use in the community.
- Coordinator will monitor completion of activities contracted in the written work plan submitted with this proposal by the coalition of _____ County.
- Physical lifting may be required for materials or AV equipment
- Performs other duties as assigned.

Qualifications the ideal candidate should have:

- Leadership skills especially in the area of coalition building
- Community organizing skills; experience recruiting and organizing volunteers
- Marketing and networking skills; experience with developing community relationships
- Experience with media, policy advocacy, and/or political campaigns
- An understanding of public health and/or political science
- The ability to work independently
- Public speaking skills
- Basic computer skills

Other TPC positions:

The above-mentioned are two examples of job descriptions however, you are not limited to one or both. Detail specific functions that support TPC tobacco control contract for positions paid with TPC funds: i.e. funds management (hours, review, and budget development), supervising (hours, face-to-face, and electronic communication).

Online Resource List

Tobacco and Health Data – County, State, and National Resources

Indiana Tobacco Data and Information:

- Indiana Commercial Tobacco Control 2025 Strategic Plan: [2025-IN-Tobacco-Control-Strategic-Plan.pdf](#)
- TPC Fact Sheets: [Health: Tobacco Prevention & Cessation: Fact Sheets \(in.gov\)](#)
- TPC County Pages – select county: [Health: Tobacco Prevention & Cessation: Local Community-Based Partners \(in.gov\)](#)
- Data sources for County Pages: [Microsoft Word - Data Sources for County Pages 2021 \(in.gov\)](#)
- TPC Smoke-free communities maps and resources: [Health: Tobacco Prevention & Cessation: Local Community Smoke Free Air Policy \(in.gov\)](#)
- Campaign for Tobacco-Free Kids – The Toll of Tobacco in Indiana: [The Toll of Tobacco in Indiana - Campaign for Tobacco-Free Kids \(tobaccofreekids.org\)](#)

General Tobacco-related Information and Statistics:

- Centers for Disease Control and Prevention (CDC), Office on Smoking and Health
<https://www.cdc.gov/tobacco/>
- The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General, 2014: https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/#report
- Smoking Cessation: A Report of the Surgeon General, 2020:
https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/index.html

County-level health data:

- Indiana Indicators: <http://www.indianaindicators.org/>
 - Access county-level data through the “Community Dashboards”

Tobacco Control Best Practices

- CDC – Best Practices for Comprehensive Tobacco Control Programs, 2014:
<https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/comprehensive.pdf>
- Tobacco Control Network (TCN): <http://tobaccocontrolnetwork.org/>
 - TCN - 2022 Policy Recommendations Guide: [2022-TCN-Policy-Recommendations-Guide-FINAL.pdf \(tobaccocontrolnetwork.org\)](#)

Online Resource List

Online Resources by TPC Indicator

Priority Area: Decrease youth and young adult tobacco use rates

Middle and High School Comprehensive School Strategy

- TPC - Fact Sheets (see *Smoking Among Youth* fact sheets): [Health: Tobacco Prevention & Cessation: Fact Sheets \(in.gov\)](#)
- TPC - Vape-Free Indiana: [Vape-Free Indiana: Home](#)
 - Vape-Free Schools Toolkit: [Vape-Free-School-Toolkit_10.2022.pdf \(in.gov\)](#)
- Smokefree.gov Smoke-free Teen site: <https://teen.smokefree.gov/>
- TPC - Quit Now Indiana (Quitline website): www.quitnowindiana.com
 - Live Vape-Free: [Live Vape Free | Rally Health](#)
 - Teen resources: www.quitnowindiana.com/teens
- Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health (INDEPTH), American Lung Association <https://www.lung.org/getmedia/a50d04a3-e537-4f46-a6f0-196833fa1cf9/ala-indepth-program-outline-vf-4-21-20.pdf>
- Truth Initiative – This Is Quitting resource for quitting e-cigarettes: [This is Quitting \(truthinitiative.org\)](http://truthinitiative.org)
- SGR on E-cigarettes and Youth: <https://e-cigarettes.surgeongeneral.gov/>
- SG advisory on E-cigarettes epidemic: <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>
- Student Commercial Tobacco Use in School – Alternative Measures, Public Health Law Center <https://www.publichealthlawcenter.org/sites/default/files/resources/Student-Commercial-Tobacco-Use-in-Schools-Alternative-Measures-2019.pdf>

Youth Empowerment/VOICE

- TPC - VOICE Indiana website: <https://www.voiceindiana.org/>
- CDC’s Best Practices user guide: Youth Engagement: <https://stacks.cdc.gov/view/cdc/5628>

Point-of-Sale

- Campaign for Tobacco-Free Kids - Tobacco Marketing to Kids Fact Sheets: https://www.tobaccofreekids.org/facts_issues/fact_sheets/toll/tobacco_kids/marketing/
- Counter Tobacco: www.countertobacco.org
- TPC – Results from the 2018 Indiana Youth Tobacco Survey (see especially Section 5 – Youth Access and Purchasing and Section 8 – Tobacco Marketing) [Results from the 2018 Indiana Youth Tobacco Survey](#)

Online Resource List

Priority Area: Increase proportion of Hoosiers not exposed to secondhand smoke

Tobacco-Free Health Care Facilities, Smoke-Free Communities, Smoke-Free Multi-Unit Housing, and Tobacco-Free Colleges and Universities

- TPC – Local Community Smoke Free Air Policy (maps and fact sheets): [Health: Tobacco Prevention & Cessation: Local Community Smoke Free Air Policy \(in.gov\)](#)
- TPC – Indiana’s State Smoke Free Air Law: <http://www.in.gov/isdh/tpc/2684.htm>
- TPC – 2021-2022 Indiana Adult Tobacco Survey summary of findings: [Indiana Adult Tobacco Survey \(ATS\) Highlights Report July 2022](#)
- TPC – Fact Sheets (See *Secondhand Smoke* fact sheets): [Health: Tobacco Prevention & Cessation: Fact Sheets \(in.gov\)](#)
- Americans for Nonsmokers’ Rights: <http://www.no-smoke.org/>
- Smoke-Free Housing Indiana: <http://insmokefreehousing.com/>
- U.S. Department of Housing and Urban Development (HUD) – Smoke-Free Multifamily Resource Bank: [Smoke Free MF Resources #2 | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](#)
- MD Anderson Eliminate Tobacco Use: [ETU | Homepage \(eliminatetobaccouse.org\)](http://ETU | Homepage (eliminatetobaccouse.org))

Priority Area: Decrease Indiana adult smoking rates

Quit Now Indiana

- TPC – Fact Sheets (See *Smoking Among Adults and Adult Cessation & Priority and Special Populations* fact sheets): [Health: Tobacco Prevention & Cessation: Fact Sheets \(in.gov\)](#)
- TPC – 2021-2022 Indiana Adult Tobacco Survey summary of findings: [Indiana Adult Tobacco Survey \(ATS\) Highlights Report July 2022](#)
- TPC - Quit Now Indiana (Quitline website): www.quitnowindiana.com
- CDC – Best Practices for Comprehensive Tobacco Control Programs (see Section III: Cessation Interventions): https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf
- U.S. Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence: <https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/references/quickref/index.html>
- North American Quitline Consortium: [North American Quitline Consortium \(naquitline.org\)](http://North American Quitline Consortium (naquitline.org))
- TPC - Indiana Leadership Academy for Wellness & Tobacco-Free Recovery: [Health: Tobacco Prevention & Cessation: Indiana Leadership Academy for Wellness & Tobacco Free Recovery](#)
- CDC Behavioral Health Resource – *What We Know: Tobacco Use and Quitting Among Individuals with Behavioral Health Conditions*: <https://www.cdc.gov/tobacco/disparities/what-we-know/behavioral-health-conditions/>

Online Resource List

Employers

- CDC – Save Lives, Save Money: Make Your Business Smoke-Free: [Save Lives, Save Money: Make Your Business Smoke-Free \(cdc.gov\)](#)

Priority Area: Protect and maintain a state and local infrastructure necessary to lower tobacco use rates

Coalition

- Community Tool Box – Coalition Building I: Starting a Coalition: <http://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coalition/main>
- Community Tool Box – Coalition Building II: Maintaining a Coalition: <http://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/maintain-a-coalition/main>
- See also [Recommended Coalition Maintenance Activities](#) (page 11)
- CDC – Health Equity in Tobacco Prevention and Control: <https://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/pdfs/bp-health-equity.pdf>
- TPC – Fact Sheets (See *Priority and Special Populations* fact sheets): [Health: Tobacco Prevention & Cessation: Fact Sheets \(in.gov\)](#)

Tobacco-Free Families

- Indiana Head Start: <https://www.in.gov/fssa/carefinder/2679.htm>
- TPC – Quit Now Indiana – kids’ asthma and smoking: <https://www.quitnowindiana.com/kids-asthma-smoking/>
- Indiana WIC Clinic locations: <https://www.in.gov/isdh/20424.htm>
- *Breathe: Health Steps to Living Tobacco Free* curriculum: <https://justbreathein.org/>

County-level Tobacco Data

Table 1.	Population			Adult Smoking		Smoking-related illnesses and deaths	
County	Total population (2020 census)	Population under 18 years old	Population 18 years old and older	Estimated adult smoking prevalence, 2015-2019	Estimated number of adults who smoke	Estimated number of people living with a smoking-related illness	Estimated annual number of deaths due to smoking
Adams	35,809	11,168	24,641	21.3%	5,239	1,757	59
Allen	385,410	98,207	287,203	20.1%	57,750	18,914	630
Bartholomew	82,208	19,768	62,440	21.5%	13,427	4,034	134
Benton	8,719	2,165	6,554	30.4%	1,990	428	14
Blackford	12,112	2,585	9,527	28.5%	2,715	594	20
Boone	70,812	18,747	52,065	12.1%	6,310	3,475	116
Brown	15,475	2,833	12,642	22.6%	2,863	759	25
Carroll	20,306	4,802	15,504	15.6%	2,426	997	33
Cass	37,870	9,159	28,711	24.8%	7,108	1,858	62
Clark	121,093	27,570	93,523	23.6%	22,102	5,943	198
Clay	26,466	6,014	20,452	22.0%	4,499	1,299	43
Clinton	33,190	8,639	24,551	15.6%	3,842	1,629	54
Crawford	10,526	2,305	8,221	22.3%	1,836	517	17
Daviess	33,381	9,682	23,699	19.8%	4,687	1,638	55
Dearborn	50,679	11,316	39,363	22.3%	8,792	2,487	83
Decatur	26,472	6,155	20,317	17.6%	3,574	1,299	43
DeKalb	43,265	10,539	32,726	25.9%	8,462	2,123	71
Delaware	111,903	21,619	90,284	20.3%	18,363	5,492	183
Dubois	43,637	10,282	33,355	15.3%	5,094	2,141	71
Elkhart	207,047	56,566	150,481	20.2%	30,411	10,161	339
Fayette	23,398	5,085	18,313	29.0%	5,309	1,148	38
Floyd	80,484	18,139	62,345	20.2%	12,600	3,950	132
Fountain	16,479	3,572	12,907	30.4%	3,919	809	27
Franklin	22,785	5,363	17,422	17.6%	3,065	1,118	37
Fulton	20,480	4,898	15,582	22.5%	3,510	1,005	34
Gibson	33,011	7,851	25,160	20.0%	5,037	1,620	54
Grant	66,674	13,818	52,856	24.8%	13,122	3,272	109
Greene	30,803	6,803	24,000	24.0%	5,760	1,512	50

County-level Tobacco Data

Table 1.	Population			Adult Smoking		Smoking-related illnesses and deaths	
County	Total population (2020 census)	Population under 18 years old	Population 18 years old and older	Estimated adult smoking prevalence, 2015-2019	Estimated number of adults who smoke	Estimated number of people living with a smoking-related illness	Estimated annual number of deaths due to smoking
Hamilton	347,467	94,272	253,195	10.5%	26,473	17,052	568
Hancock	79,840	19,007	60,833	11.6%	7,079	3,918	131
Harrison	39,654	9,051	30,603	23.4%	7,170	1,946	65
Hendricks	174,788	44,454	130,334	14.5%	18,902	8,578	286
Henry	48,914	9,859	39,055	25.0%	9,757	2,400	80
Howard	83,658	18,511	65,147	26.1%	17,003	4,106	137
Huntington	36,662	8,058	28,604	24.4%	6,971	1,799	60
Jackson	46,428	11,435	34,993	22.6%	7,926	2,278	76
Jasper	32,918	7,886	25,032	25.6%	6,398	1,615	54
Jay	20,478	5,245	15,233	28.5%	4,341	1,005	33
Jefferson	33,147	6,982	26,165	30.9%	8,095	1,627	54
Jennings	27,613	6,559	21,054	29.1%	6,126	1,355	45
Johnson	161,765	40,451	121,314	20.0%	24,242	7,939	265
Knox	36,282	7,993	28,289	19.8%	5,594	1,781	59
Kosciusko	80,240	18,914	61,326	20.1%	12,324	3,938	131
LaGrange	40,446	13,426	27,020	21.6%	5,836	1,985	66
Lake	498,700	118,049	380,651	18.6%	70,664	24,474	816
LaPorte	112,417	23,932	88,485	29.1%	25,743	5,517	184
Lawrence	45,011	9,613	35,398	21.3%	7,556	2,209	74
Madison	130,129	28,177	101,952	27.9%	28,492	6,386	213
Marion	977,203	234,761	742,442	20.0%	148,621	47,956	1,599
Marshall	46,095	11,456	34,639	23.0%	7,979	2,262	75
Martin	9,812	2,249	7,563	19.8%	1,496	482	16
Miami	35,962	7,837	28,125	30.1%	8,465	1,765	59
Monroe	139,718	23,174	116,544	15.8%	18,404	6,857	229
Montgomery	37,936	8,721	29,215	20.3%	5,917	1,862	62
Morgan	71,780	16,007	55,773	23.0%	12,850	3,523	117
Newton	13,830	2,963	10,867	25.6%	2,777	679	23

County-level Tobacco Data

Table 1.	Population			Adult Smoking		Smoking-related illnesses and deaths	
County	Total population (2020 census)	Population under 18 years old	Population 18 years old and older	Estimated adult smoking prevalence, 2015-2019	Estimated number of adults who smoke	Estimated number of people living with a smoking-related illness	Estimated annual number of deaths due to smoking
Noble	47,457	11,918	35,539	20.5%	7,268	2,329	78
Ohio	5,940	1,216	4,724	30.9%	1,461	292	10
Orange	19,867	4,638	15,229	29.8%	4,532	975	32
Owen	21,321	4,518	16,803	22.0%	3,697	1,046	35
Parke	16,156	3,784	12,372	22.9%	2,829	793	26
Perry	19,170	3,957	15,213	22.3%	3,398	941	31
Pike	12,250	2,749	9,501	19.8%	1,879	601	20
Porter	173,215	38,279	134,936	20.5%	27,604	8,501	283
Posey	25,222	5,774	19,448	20.0%	3,893	1,238	41
Pulaski	12,514	2,736	9,778	22.5%	2,203	614	20
Putnam	36,726	7,149	29,577	22.9%	6,763	1,802	60
Randolph	24,502	5,512	18,990	28.5%	5,412	1,202	40
Ripley	28,995	6,712	22,283	18.2%	4,056	1,423	47
Rush	16,752	3,856	12,896	29.0%	3,739	822	27
Scott	24,384	62,711	18,845	29.1%	5,483	1,197	40
Shelby	45,055	5,539	34,854	22.7%	7,922	2,211	74
Spencer	19,810	10,201	15,448	22.3%	3,450	972	32
St. Joseph	272,912	4,362	210,201	18.9%	39,732	13,393	446
Starke	23,371	5,221	18,150	22.5%	4,089	1,147	38
Steuben	34,435	6,931	27,504	21.6%	5,941	1,690	56
Sullivan	20,817	4,229	16,588	24.0%	3,981	1,022	34
Switzerland	9,737	2,390	7,347	30.9%	2,273	478	16
Tippecanoe	186,251	39,241	147,010	14.9%	21,949	9,140	305
Tipton	15,359	3,287	12,072	26.1%	3,151	754	25
Union	7,087	1,600	5,487	29.0%	1,591	348	12
Vanderburgh	180,136	38,948	141,188	21.8%	30,806	8,840	295
Vermillion	15,439	3,291	12,148	22.9%	2,778	758	25
Vigo	106,153	21,688	84,465	20.7%	17,445	5,209	174

County-level Tobacco Data

Table 1.	Population			Adult Smoking		Smoking-related illnesses and deaths	
County	Total population (2020 census)	Population under 18 years old	Population 18 years old and older	Estimated adult smoking prevalence, 2015-2019	Estimated number of adults who smoke	Estimated number of people living with a smoking-related illness	Estimated annual number of deaths due to smoking
Wabash	30,976	6,689	24,287	30.1%	7,310	1,520	51
Warren	8,440	1,916	6,524	30.4%	1,981	414	14
Warrick	63,898	15,470	48,428	14.8%	7,154	3,136	105
Washington	28,182	6,524	21,658	29.8%	6,445	1,383	46
Wayne	66,553	14,870	51,683	23.0%	11,869	3,266	109
Wells	28,180	6,831	21,349	21.3%	4,539	1,383	46
White	24,688	5,699	18,989	15.6%	2,972	1,212	40
Whitley	34,191	7,821	26,370	20.5%	5,393	1,678	56
Indiana	6,785,528	1,592,949	5,192,579	17.3%*	898,316	333,000	11,100

*The statewide adult smoking prevalence estimate is for 2021 only and is not directly comparable to county-level estimates. See the [data source page](#) for additional information.

Table 2.	Smoking during Pregnancy		Secondhand Smoke (SHS)		Social Vulnerability Index	
County	Percentage of live births to people who smoked during pregnancy, 2020	Estimated number of births affected by smoking, 2020	Estimated number of deaths due to SHS	Estimated cost of SHS due to medical costs and premature death (in millions)	County SVI score, 2020 (scores range from 0 – lowest vulnerability to 1 – highest vulnerability)	Level of Vulnerability, 2020
Adams	5.7%	36	9	\$11.6	0.7253	medium to high
Allen	8.5%	440	101	\$124.7	0.7912	high
Bartholomew	14.8%	154	21	\$26.6	0.6813	medium to high
Benton	13.4%*	15	2	\$2.8	0.5824	medium to high
Blackford	26.4%	33	3	\$3.9	0.4066	low to medium
Boone	6.2%	46	18	\$22.9	0.0769	low
Brown	10.3%*	12	4	\$5.0	0.1758	low
Carroll	11.9%	29	5	\$6.6	0.1648	low
Cass	15.2%	71	10	\$12.2	0.8571	high
Clark	9.0%	122	32	\$39.2	0.4835	low to medium
Clay	20.6%	59	7	\$8.6	0.4945	low to medium
Clinton	17.5%	74	9	\$10.7	0.7363	medium to high

County-level Tobacco Data

Table 2.	Smoking during Pregnancy		Secondhand Smoke (SHS)		Social Vulnerability Index	
County	Percentage of live births to people who smoked during pregnancy, 2020	Estimated number of births affected by smoking, 2020	Estimated number of deaths due to SHS	Estimated cost of SHS due to medical costs and premature death (in millions)	County SVI score, 2020 (scores range from 0 – lowest vulnerability to 1 – highest vulnerability)	Level of Vulnerability, 2020
Crawford	32.3%	30	3	\$3.4	0.3516	low to medium
Daviess	9.4%	50	9	\$10.8	0.9231	high
Dearborn	14.1%	74	13	\$16.4	0.0549	low
Decatur	17.0%	52	7	\$8.6	0.033	low
DeKalb	15.5%	83	11	\$14.0	0.1978	low
Delaware	18.1%	193	29	\$36.2	0.8242	high
Dubois	9.2%	48	11	\$14.1	0.2418	low
Elkhart	8.9%	259	54	\$67.0	1	high
Fayette	20.9%	50	6	\$7.6	0.9451	high
Floyd	9.8%	79	21	\$26.0	0.2857	low to medium
Fountain	19.4%	33	4	\$5.3	0.4286	low to medium
Franklin	13.9%	33	6	\$7.4	0.2637	low to medium
Fulton	24.3%	53	5	\$6.6	0.6484	medium to high
Gibson	11.5%	42	9	\$10.7	0.3846	low to medium
Grant	28.2%	205	17	\$21.6	0.978	high
Greene	12.1%	37	8	\$10.0	0.5495	medium to high
Hamilton	1.2%	44	91	\$112.4	0.1099	low
Hancock	7.1%	52	21	\$25.8	0.022	low
Harrison	12.5%	51	10	\$12.8	0.2198	low
Hendricks	4.4%	80	46	\$56.5	0.1868	low
Henry	23.3%	112	13	\$15.8	0.4176	low to medium
Howard	16.2%	149	22	\$27.1	0.6703	medium to high
Huntington	17.3%	69	10	\$11.9	0.1538	low
Jackson	17.5%	111	12	\$15.0	0.7692	high
Jasper	16.9%	62	9	\$10.6	0.3297	low to medium
Jay	16.4%	49	5	\$6.6	0.6044	medium to high
Jefferson	26.1%	92	9	\$10.7	0.6593	medium to high
Jennings	28.9%	102	7	\$8.9	0.3407	low to medium
Johnson	10.1%	182	42	\$52.3	0.2418	low

County-level Tobacco Data

Table 2.		Smoking during Pregnancy		Secondhand Smoke (SHS)		Social Vulnerability Index	
County	Percentage of live births to people who smoked during pregnancy, 2020	Estimated number of births affected by smoking, 2020	Estimated number of deaths due to SHS	Estimated cost of SHS due to medical costs and premature death (in millions)	County SVI score, 2020 (scores range from 0 – lowest vulnerability to 1 – highest vulnerability)	Level of Vulnerability, 2020	
Knox	18.7%	74	9	\$11.7	0.9011	high	
Kosciusko	12.9%	119	21	\$26.0	0.8352	high	
LaGrange	5.4%	39	11	\$13.1	0.5165	medium to high	
Lake	5.9%	318	130	\$161.3	0.9121	high	
LaPorte	16.3%	185	29	\$36.4	0.8462	high	
Lawrence	22.7%	96	12	\$14.6	0.5604	medium to high	
Madison	19.3%	273	34	\$42.1	0.956	high	
Marion	7.8%	1,052	255	\$316.1	0.989	high	
Marshall	11.3%	62	12	\$14.9	0.8022	high	
Martin	11.7%*	12	3	\$3.2	0.2747	low to medium	
Miami	19.6%	71	9	\$11.6	0.7033	medium to high	
Monroe	12.2%	136	36	\$45.2	0.6264	medium to high	
Montgomery	21.9%	87	10	\$12.3	0.6044	medium to high	
Morgan	16.6%	111	19	\$23.2	0.2088	low	
Newton	17.0%	23	4	\$4.5	0.4725	low to medium	
Noble	12.5%	82	12	\$15.3	0.7802	high	
Ohio	15.1%*	8	2	\$1.9	0.1319	low	
Orange	23.3%	51	5	\$6.4	0.7143	medium to high	
Owen	18.6%	37	6	\$6.9	0.4505	low to medium	
Parke	11.7%	23	4	\$5.2	0.9341	high	
Perry	23.4%	39	5	\$6.2	0.3626	low to medium	
Pike	12.2%*	17	3	\$4.0	0.0989	low	
Porter	7.3%	119	45	\$56.0	0.3077	low to medium	
Posey	10.4%	25	7	\$8.2	0.011	low	
Pulaski	21.7%	26	3	\$4.0	0.5055	medium to high	
Putnam	17.3%	60	10	\$11.9	0.2967	low to medium	
Randolph	18.1%	51	6	\$7.9	0.6923	medium to high	
Ripley	14.5%	53	8	\$9.4	0.5714	medium to high	
Rush	22.1%	42	4	\$5.4	0.3956	low to medium	

County-level Tobacco Data

Table 2.	Smoking during Pregnancy		Secondhand Smoke (SHS)		Social Vulnerability Index	
County	Percentage of live births to people who smoked during pregnancy, 2020	Estimated number of births affected by smoking, 2020	Estimated number of deaths due to SHS	Estimated cost of SHS due to medical costs and premature death (in millions)	County SVI score, 2020 (scores range from 0 – lowest vulnerability to 1 – highest vulnerability)	Level of Vulnerability, 2020
Scott	18.7%	57	6	\$7.9	0.7473	medium to high
Shelby	15.2%	69	12	\$14.6	0.3736	low to medium
Spencer	9.3%	21	5	\$6.4	0.044	low
St. Joseph	7.7%	248	71	\$88.3	0.8901	high
Starke	21.5%	53	6	\$7.6	0.4615	low to medium
Steuben	16.8%	54	9	\$11.1	0.3187	low to medium
Sullivan	17.8%	36	5	\$6.7	0.8681	high
Switzerland	25.4%	31	3	\$3.1	0.8132	high
Tippecanoe	8.5%	179	49	\$60.2	0.6374	medium to high
Tipton	10.1%*	11	4	\$5.0	0.0879	low
Union	14.9%*	220	2	\$2.3	0.2308	low
Vanderburgh	10.4%	39	47	\$58.3	0.7582	high
Vermillion	24.4%*	245	4	\$5.0	0.5385	medium to high
Vigo	21.8%	65	28	\$34.3	0.8791	high
Wabash	22.5%*	10	8	\$10.0	0.5275	medium to high
Warren	12.8%	38	2	\$2.7	0	low
Warrick	5.8%	39	17	\$20.7	0.0659	low
Washington	12.1%	141	7	\$9.1	0.4396	low to medium
Wayne	17.6%	53	17	\$21.5	0.967	high
Wells	15.4%	38	7	\$9.1	0.1209	low
White	13.7%	48	6	\$8.0	0.5934	medium to high
Whitley	12.8%*	11	9	\$11.1	0.1429	low
Indiana	10.9%	8,570	1,770	\$2.1 Billion		

*Rates based on counts less than 20 are considered unstable and should be interpreted with caution.

See the [data source page](#) for additional information.

County-level Tobacco Data

Data Sources and Methodology

Adult smoking prevalence

Indiana prevalence: Indiana Behavioral Risk Factor Surveillance System (BRFSS), 2021.

County-level prevalence: Indiana Behavioral Risk Factor Surveillance System (BRFSS), 2015-2019.

Note: County-level adult smoking prevalence estimates were calculated using combined landline and cell phone BRFSS data from 2015-2019. The county level estimates are generated using a weighting variable that is specific to that county and reflects the county's demographics. Due to a small number of respondents in some counties, select counties were combined to generate stable estimates. Because the county-level adult smoking prevalence estimates are based on different years of data (2015-2019) than the state and national estimates (2021 only), the county-level estimates are not directly comparable to the state or national data.

Estimated number of adults who smoke

Calculated using the following formulas:

Indiana: (Indiana 2020 adult population)*(Statewide adult smoking prevalence from 2021 BRFSS)

County-level: (County 2020 adult population)*(County-level adult smoking prevalence from 2015-2019 BRFSS)

Deaths attributable to smoking

Source for statewide data: Centers for Disease Control and Prevention (CDC). *Best Practices for Comprehensive Tobacco Control Programs – 2014*. Atlanta: U.S. Department of Health and Human services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

- Statewide estimated deaths attributable to smoking: 11,100 per year

County-level deaths attributable to smoking represent the county's pro-rata share of the statewide smoking-attributable deaths based on the county's 2020 adult population. Estimates are calculated as follows: (County 2020 adult population/Indiana 2020 adult population)*11,100

Smoking-related illnesses

Source: Centers for Disease Control and Prevention. Smoking & Tobacco Use: Fast Facts. Accessed December 10, 2022 from [Diseases and Death \(cdc.gov\)](https://www.cdc.gov/diseasesanddeath/)

(Original source: U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.)

- According to the Centers for Disease Control and Prevention, for every person who dies because of smoking, at least 30 people live with a serious smoking-related illness.
- Statewide estimated tobacco-related illnesses are calculated by multiplying the statewide estimated number of tobacco related deaths (11,100) by 30.
- County estimates represent the county's pro-rata share of tobacco-related illnesses based on the county's 2020 adult population. Estimates are calculated using the following formula: (County 2020 adult population/Indiana 2020 adult population)*333,000

County-level Tobacco Data

Data Sources and Methodology

Smoking during pregnancy and births affected by smoking

Indiana State Department of Health, Vital Records. Natality Dataset, 2020.

Note: Smoking during pregnancy rates are from 2020 birth certificate data. Estimated number of births affected by smoking are calculated by multiplying the county-level smoking during pregnancy prevalence by the total number of live births in the county.

Deaths due to secondhand smoke and economic burden of SHS

Source for statewide data: Lewis CK, Zollinger T. *Estimating the economic impact of secondhand smoke in Indiana in 2018*. Cynthia K. Lewis & Associates, LLC. 2020.

- Statewide annual estimated deaths attributable to SHS: 1,770
- Estimated annual economic costs of SHS in Indiana: \$2.1 billion (\$2,194,68,195)
- Estimates of county-level deaths attributable to SHS represent the county's pro-rata share of SHS-related deaths based on the county's 2020 total population and are calculated as follows: $(\text{County 2020 total population} / \text{Indiana 2020 total population}) * 1,770$
- Estimates of county-level economic costs due to secondhand smoke represent the county's pro-rata share of SHS-related costs based on the county's 2020 total population are calculated as follows: $(\text{County 2020 total population} / \text{Indiana 2020 total population}) * \$2,194,68,195$.

Note: Costs related to secondhand smoke include health care costs and costs due to premature death from diseases causally linked to secondhand smoke.

Social Vulnerability Index

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

The CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI) uses 16 U.S. census variables to help local officials identify communities that may need support before, during, or after disasters. More information here: [CDC/ATSDR Social Vulnerability Index \(SVI\)](#)

Population Data

All population counts used to calculate statewide and county-level estimates are from the 2020 U.S. Census. Statewide and county-level data are available from [INDIANA: 2020 Census](#)